

APPLICATION FOR APPROVAL OF CONTINUING EDUCATION COURSE
Credential Holder

Credential Holder Name: _____ **KY License #:** _____

Day Phone: _____ **Alternate Phone:** _____

Fax: _____ **E-Mail:** _____

Address: _____

City _____ **State** _____ **Zip** _____

Program Title: _____

Program Format: ☐ Lecture/Lab ☐ Video ☐ Correspondence ☐ Online ☐ Other

Keyword/Category: ☐ Cardiopulmonary ☐ Neuromuscular ☐ Musculoskeletal ☐ Integumentary
☐ Pediatric ☐ Women's Health ☐ Management ☐ Professional Issues ☐ Other

Date(s): _____ **Location:** _____

Speaker(s) Name(s), Title(s)

Intended Audience: ☐ PT ☐ PTA ☐ Students ☐ Other (specify) _____

Has this program been approved for Continuing Education by another agency or association?

☐ No ☐ Yes (if yes please specify)

Date Approved _____ Agency _____

Contact Hours: (excluding meals and breaks) _____

The following information must accompany this application (attach course brochure if inclusive of information listed below):

1. Program Outline
2. Course Description
3. Course Objectives
4. Biographical data for each speaker to include pertinent educational and clinical experience
5. Application fee of \$10
6. Include a self-addressed, stamped envelope for a reply

Describe how this information will be utilized in your Physical Therapy Practice:

Signature: _____ **Date:** _____

Return to: **KPTA, 5847 Teal Road, Verona, KY, 41092, (859) 485-2812, FAX (859) 485-2813**

Do not write below this line:

For Office Use Only:

_____ **Denied** _____ **Reason** _____

_____ **Approved** **KPTA Approval #** _____ **Approval Expiration Date** _____
KPTA approval # and expiration date must be included on the course completion certificate

Approval Committee Signature: _____ **Date:** _____